

Alvin Community College

Financial Aid Appeal Instructions

Appeal deadlines are posted under the *Latest News* section of the Alvin Community College Financial Aid website (www.alvincollege.edu/FinancialAid.aspx). Students who do not meet the appeal deadline must use personal funds to pay for tuition and fees by the payment deadline for the semester. We recommend that students consider setting up a payment plan with the ACC Business Office.

Only COMPLETE appeals will be considered. A COMPLETE appeal includes all of the following:

- A complete, signed, and dated ACC Appeal Form (attached).
- Typed responses to the Required Appeal Questions (see the ACC Appeal Form).
- Documentation to support your answers to the Required Appeal Questions.
- A complete, signed, and dated Academic Plan (attached-see instructions below).
- A print out of your ACC transcript from WebACCess (official transcript is NOT required).
- A print out of your Program Evaluation from WebACCess.
- All required documents and information for your aid application (*if not previously submitted*).

Academic Plan Instructions:

- Complete the student sections of the Academic Plan Form (attached).
- **Schedule an appointment to meet with the appropriate ACC representative to complete the Academic Plan.**
 - Students enrolled in **technical/vocational programs** - Email the appropriate Division/Dept. Chairperson (email addresses available at alvincollege.edu) for an appointment. Please include your full name, ACC ID Number, and “Academic Plan” in the subject line of the email. **Students will not be seen without an appointment.**
 - Students enrolled in **academic programs** – Email advising@alvincollege.edu for an appointment. Please include your full name, ACC ID Number, and “Academic Plan” in the subject line of the email. **Students will not be seen without an appointment.**
- Meet with the Division/Department Chairperson for your major or an Academic Advisor to complete an Academic Plan. Your Academic Plan must be signed and dated by you and the Division/Department Chairperson of your major or an Academic Advisor. **APPEALS WITHOUT AN ACADEMIC PLAN WILL NOT BE CONSIDERED.**

Submit your complete appeal to the ACC Financial Aid Office:

Mail:

Alvin Community College
Financial Aid-Appeal
3110 Mustang Road
Alvin, TX 77511

Fax:

Attn: Appeals Committee
(281) 756-3840

Email:

Subject: Appeal Form for the ____ semester
FA@alvincollege.edu

**Alvin Community College
Student Appeal Form**

Last Name _____ First Name _____

ACC ID _____ SSN _____ DOB _____

Current degree/certificate at ACC (major) _____

Expected date of graduation from ACC (mo/yr) _____ (hours needed) _____

Which semester are you appealing to receive aid (semester/year)? _____

I have read the standards of Federal Satisfactory Progress and I understand that I am no longer eligible for financial aid because (please check all that apply):

- My ACC cumulative grade point average is less than 2.0.
- I did not complete 67% of the hours I have attempted.
- I have attempted more than 150% of the semester hours required by degree or certificate, **and I have previously completed a degree or certificate** (ACC or any other school).
- I have attempted more than 150% of the semester hours required by degree or certificate, **and I have not previously completed a degree or certificate** (ACC or any other school).

Federal Financial Aid Regulations only allow students to appeal who have experienced one of the following documentable circumstances. **APPEALS SUBMITTED WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED.**

- Injury or illness to the student.
- Injury, illness, or death of a relative.
- Other, ONE-TIME, special circumstances

Required Appeal Questions (DOCUMENTATION OF YOUR ANSWERS IS REQUIRED)

1. Describe the circumstances which kept you from making Satisfactory Academic Progress.
2. How the circumstances you described have changed?
3. Describe how the changes you have made will allow you to demonstrate Satisfactory Academic Progress in the future.

My appeal will be reviewed by the ACC Appeal Committee, and I will be notified via email of the decision.

The decision of ACC Appeal Committee is FINAL.

Student Signature

Date

ALVIN COMMUNITY COLLEGE ACADEMIC PLAN

Last Name _____ First Name _____ ACC ID Number _____

This Academic Plan applies to which semester? _____ (Can only be applied to one semester, EX: Fall 2012)

To ensure your compliance with the Alvin Community College Financial Aid Satisfactory Academic Progress Requirements please complete the following:

- Complete the **GPA Section** and **Student Signature Section** of this form. **Incomplete forms will not be considered for aid.**
- Print and attach a copy of your transcript and Program Evaluation from WebACCess.
- **Schedule an appointment to meet with the Division/Dept. Chairperson of your program (technical/vocational programs only) or an Academic Advisor (academic programs only) to complete the Required Courses Section of your Academic Plan.**
- Submit a signed copy of your complete Academic Plan to the ACC Financial Aid Office. Keep a copy for yourself.

GPA – To be completed by the student

What is your current cumulative GPA? _____ (available on your transcript)

If your GPA is a 2.0 or above, skip to the Required Courses Section – to be completed by Advisor/Dept. Chair. If your GPA is below a 2.0, use the Target GPA Calculator available on the ACC website to determine what your GPA must be for this semester to reach a cumulative 2.0. Complete the statement below.

To reach a 2.0 (goal), my GPA for my next _____ credits (approved from below) must be _____. (attach printed calculations)

REQUIRED COURSES – To be completed with the Dept. Chairperson of your program or an Academic Advisor

The above student is required to enroll in the following courses for the _____ semester (EX: Fall 2012).

| COURSE # | COURSE TITLE | CREDIT HOURS | MINIMUM GRADE THE STUDENT MUST EARN | REQUIRED FOR ACC DEGREE PLAN? (Y/N) If no, course may not be funded. | SUBSTITUTION FOR COURSE # | REPEATED COURSE? (Y/N) | MINI TERM? (Y/N) If yes, which term? | Visit the Learning Lab for this Course? (Y/N) |
|----------|--------------|--------------|-------------------------------------|---|---------------------------|------------------------|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Will the student graduate at the end of the semester? **YES** **NO**

Academic Advisor, Division/Dept. Chairperson Signature

Date

Student Signature

In order to meet the conditions of my appeal, I will do the following:

Please initial each statement.

- _____ Enroll in only the above required classes. *Please meet with an Academic Advisor or Dept. Chairperson to complete a new Academic Plan before changing your enrollment. Changes in enrollment may affect your financial aid eligibility.*
- _____ Complete and pass all of the above required classes. "W"s, "I"s, "R"s, and "F"s are not considered completions or passing grades.
- _____ Maintain a 2.0 cumulative GPA
- _____ I have made a copy of this Academic Plan for myself.

Failure to meet all of the above requirements will result in the permanent loss of financial aid at ACC, and may result in owing funds back to ACC.

Student Signature

Date